

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000106769 (7)
 1. Corporation Name
I.T. TEK, CORP.

Principal Place of Business: **4815 N.W. 79TH AVENUE SUITE 3 MIAMI FL 33166**
 Mailing Address: **4815 N.W. 79TH AVENUE SUITE 3 MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1997**

4. FEI Number: **650800996** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MIRANDA, PIERO
4815 N.W. 79TH AVENUE SUITE 3 MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name: **HABLICH, TOMAS**
 82 Street Address (P.O. Box Number is Not Acceptable): **4815 NW 79th Avenue**
 83
 84 City: **Miami** **FL** 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBRANO, JORGE	1.2 NAME	
STREET ADDRESS	4815 N.W. 79TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, PIERO	2.2 NAME	
STREET ADDRESS	4815 N.W. 79TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURIOANI, JOSE	3.2 NAME	
STREET ADDRESS	4815 N.W. 79TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTOLA, FERNANDO	4.2 NAME	
STREET ADDRESS	4815 N.W. 79TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SECRETARY
STREET ADDRESS		5.3 STREET ADDRESS	TOMAS HABLICH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4815 NW 79 AVE #3
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	MIAMI FL 33166
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)